

## IMPROVING MANAGEMENT OF ALCOHOL MISUSE IN MEDICAL SETTINGS

*About 20% of VA primary care patients screen positive for alcohol misuse, which ranges from drinking above recommended limits without problems (risky drinking) to severe alcohol use disorders (alcohol dependence). For VA patients, alcohol misuse is associated with psychosocial, legal, and employment problems and personal suffering, as well as with adverse health outcomes including trauma, gastrointestinal bleeding, cirrhosis, pancreatitis, and mortality. Most patients with alcohol misuse engage in risky drinking or have mild problems due to drinking. Randomized controlled trials have shown that brief alcohol counseling from primary care providers decreases alcohol consumption, and can improve health outcomes and decrease health care use among patients with risky drinking. Despite the strong evidence base, however, no large health care system has been successful at implementing these practices into routine care.*

## Alcohol Misuse Work Group

The Alcohol Misuse Work Group (AMWG) of the Substance Use Disorders Quality Enhancement Research Initiative (SUD-QUERI) is working with clinical partners in the VA to implement evidence-based management of alcohol misuse nationwide. Routine alcohol screening is the first step toward implementation of brief alcohol counseling. The SUD-QUERI is involved in multiple efforts to implement routine brief alcohol counseling and specialty care referral, when indicated for patients who screen positive for alcohol misuse. In addition, programs are being developed to offer more intensive interventions to veterans with alcohol abuse or dependence who are not ready to enter specialized addictions treatment. Implementation of brief alcohol counseling includes educational efforts directed at quality managers, clinical leaders, and primary care clinicians, development of informatics tools to support efficient brief alcohol counseling and documentation, and collaboration with the VA Office of Quality and Performance in developing approaches to monitor performance for evidence-based practices. Members of the AMWG also are collaborating on projects that integrate brief alcohol counseling or alcohol care management with counseling for smoking cessation and depression.

### Goals of the SUD-QUERI Alcohol Misuse Work Group:

- Implement and support ongoing evaluation and improvement of evidence-based annual screening for alcohol misuse among VA primary care patients nationwide;
- Implement evidence-based annual brief alcohol counseling for VA primary care patients with alcohol misuse nationwide;
- Identify and implement evidence-based and efficient systems to assess patients who screen positive for alcohol misuse or alcohol dependence and psychiatric co-morbidity;
- Implement effective systems to assist patients who have severe alcohol misuse, or continued drinking despite medical or psychiatric contraindications to drinking;
- Develop and implement electronic systems to monitor quality of care for patients with alcohol misuse nationwide; and
- Address cross-cutting issues, such as smoking, depression, and PTSD through collaborations with other SUD-QUERI investigators and QUERI groups, as well as other VA stakeholders.

## *How Do I Learn More ?*

If you are interested in implementing evidence-based management for alcohol misuse in the VA, the SUD-QUERI offers educational and implementation tools at the following website:

<http://center.puget-sound.med.va.gov/sites/hsrd/alcoholmisuse/default.aspx>

If you have difficulty accessing this site,  
please contact Carol Achtmeyer at [carol.achtmeyer@med.va.gov](mailto:carol.achtmeyer@med.va.gov),  
Tel: (206) 764-2932.

For more information about the SUD-QUERI Alcohol Misuse Work Group, contact:

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## *WEB RESOURCES*

For more information about SUD-QUERI visit:

[www.chce.research.med.va.gov/chce/content/queri.htm](http://www.chce.research.med.va.gov/chce/content/queri.htm).

For more information about the QUERI program in general,  
visit the national QUERI website at:

[www.hsrdr.research.va.gov/queri](http://www.hsrdr.research.va.gov/queri).

Access QUERI's "Guide for Implementing Evidence-Based Clinical Practice and Conducting Implementation Research" at:

[www.hsrdr.research.va.gov/queri/implementation](http://www.hsrdr.research.va.gov/queri/implementation).

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### **SUD-QUERI Executive Committee**

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## IMPROVING ACCESS TO EFFECTIVE OPIOID AGONIST THERAPY

*Veterans have a high prevalence of addiction to heroin and prescription opiates, with 23,241 VA patients diagnosed with opioid dependence in FY04. Opioid agonist therapy (OAT), an evidence-based treatment for opioid dependence, traditionally has been restricted to highly regulated licensed Opioid Agonist Treatment Programs (OTPs), mainly in the form of methadone. However, approximately 65% of VA patients diagnosed with opioid dependence do not receive OAT treatment. Potential barriers to OAT include waiting lists to receive OTP care, transportation to and from a limited number of VA OTP sites, and the highly regulated nature of OTP care. The Substance Use Disorders Quality Enhancement Research Initiative (SUD-QUERI) is working to expand access to OAT in the form of buprenorphine, and to improve the quality of methadone treatment at existing and new OTPs.*

## Expanding OAT with Office-based Buprenorphine

In an effort to expand access to opioid agonist therapy, Congress amended the Drug Abuse Treatment Act (DATA 2000), allowing physicians to prescribe OAT in office-based practices, provided they receive specialized training. However, sublingual buprenorphine (Subutex) and buprenorphine/naloxone (Suboxone) – the only medications currently approved for office-based OAT – have been poorly utilized in the VA, with only 719 veterans receiving sublingual buprenorphine prescriptions in FY05.

In September of 2005, SUD-QUERI established a Buprenorphine Work Group of interdisciplinary addiction experts to improve the implementation of buprenorphine opioid agonist therapy within VA. Initiatives of the Work Group have included:

- Consulting with Pharmacy Benefits Management, VISN Formulary Leaders, and the Medical Advisory Panel to update a VA buprenorphine monograph and to assist in having buprenorphine successfully placed on the national formulary.
- Working with the VA Employee Education System to make available required training for prescribing buprenorphine. Regional buprenorphine training conferences are planned throughout the remainder of FY06.
- Working in conjunction with Substance Abuse & Mental Health Services Administration's (SAMHSA) Physician Clinical Support System, a

national mentoring network, in order to link VA physicians with mentors within VA who are experienced with using buprenorphine.

- Conducting a Rapid-Response Project aimed at identifying both barriers to and facilitators of the implementation of sublingual buprenorphine therapy for the treatment of opioid dependence within VA. Findings will inform the design of initiatives to better implement buprenorphine treatment.

### Improving Care in Traditional OAT Programs

The SUD-QUERI also is continuing to work to improve the effectiveness of care in traditional Opioid Agonist Treatment Programs by promoting use of its OpiATE Monitoring System (OMS), a complete toolkit to support OTPs' efforts to improve clinical practices and patient outcomes through increased adherence to best-practice recommendations. The SUD-QUERI will host a teleconference in the Fall of 2006 to educate providers about how to implement the tools in the OMS in order to ensure that they are providing the best quality of care for their patients.

If your facility has an OTP, or if you are interested in providing highly effective and cost-effective methadone treatment for opioid dependence at your facility, see the contact information on the back page to find out more about the OMS and the upcoming teleconference.

## *How Do I Learn More ?*

For information or questions about buprenorphine implementation and training courses, contact:

**Joseph Liberto, MD**

Tel: (410) 605-7368

E-mail: [Joseph.Liberto@va.gov](mailto:Joseph.Liberto@va.gov)

For information about the SUD-QUERI and the OpiATE Monitoring System toolkit, contact:

**Hildi Hagedorn, PhD**

SUD-QUERI Implementation Research Coordinator

Tel: (612) 467-3875

E-mail: [Hildi.Hagedorn@va.gov](mailto:Hildi.Hagedorn@va.gov)

## *WEB RESOURCES*

For more information about SUD-QUERI, visit:

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## IMPROVING TREATMENT OF TOBACCO DEPENDENCE

*Approximately 30% of veterans smoke. VA rates of identification of tobacco use and documentation of advice to quit have improved dramatically. According to the VA Office of Quality and Performance (OQP) External Peer Review Program, which has performed medical record reviews of tobacco use performance measures since 1996, more than 95% of smokers are currently screened for tobacco use and advised to quit each year. However, the vast majority of veteran smokers still do not receive comprehensive, state-of-the-science treatment for tobacco use that includes behavioral treatment and pharmacotherapy. For example, findings from a 2004 survey of patients' healthcare experiences indicate that 76% of smokers were asked by their VA provider if they were interested in quitting, but only 38% were offered medications. Moreover, only 1 in 5 veterans who are seriously trying to quit participate in intensive behavioral counseling. Results of a survey of smoking cessation treatment practices in VA Medical Centers were reported in September 2005 ([vaww.va.gov/haig/smoking/STUC\\_2005.pdf](http://vaww.va.gov/haig/smoking/STUC_2005.pdf)).*

## Tobacco Use/Smoking Cessation Work Group

Overwhelming evidence supports the cost-effectiveness of smoking cessation treatment. The recently updated VA/Department of Defense (DoD) Guideline for Management of Tobacco Use recommends that all tobacco users receive counseling and smoking cessation medications in the most intensive setting they are willing to attend. The Substance Use Disorders Quality Enhancement Research Initiative (SUD-QUERI) Tobacco Use/Smoking Cessation (TU/SC) Work Group, is striving to:

- Assess the quality of smoking cessation care for hospitalized VA patients,
- Create a new national clinical reminder for TU/SC,
- Develop new evidence-based OQP performance measures to shift the emphasis from screening to offering all tobacco users effective treatments to help them quit, and
- Increase the use of cost-effective telephone counseling for TU/SC in VA via several ongoing projects.

This report highlights SUD-QUERI's progress on this last goal – to increase the use of telephone counseling.

### Telephone Care for Smoking Cessation

Telephone care for smokers in the VA health care system has been promoted through the conduct of several VA research and SUD-QUERI initiatives. This year the TELESTOP Study was completed. This HSR&D funded study randomized 837 daily smokers who were willing to set a quit date for smoking

cessation to usual care or telephone care. The telephone care protocol included calls from trained counselors over a 2-month period, plus extra calls as needed for up to 3 quit attempts over a 12-month period. Findings show that telephone counseling significantly increased short- and long-term quit rates compared to usual care. Telephone care also dramatically increased the use of counseling and pharmacological treatments.

While TELESTOP tested the effectiveness of a VA-run QuitLine, a separate SUD-QUERI funded study tested an intervention involving system change and care coordination to increase referrals to a state QuitLine. This study served as the demonstration project for TeleQuit, an ongoing VISN/HSR&D Collaborative Project being conducted in VISNs 21 and 22. TeleQuit is currently up and running in approximately 45 VA sites and is receiving 1,000 referrals/month. Thus far, at 6-month follow-up, 20% of the patients who could be contacted were abstinent from smoking.

Successful pilot studies that have been completed at the Portland VA in Oregon and the Puget Sound VA in Washington State found that patients are interested in calling QuitLines and that VA providers like the option of referring smokers to them. The next step is to conduct a national phase of the 1-800-QUIT NOW – a campaign to increase the number of veterans who receive smoking cessation counseling.



## *How Do I Learn More ?*

If you are interested in learning more about implementing telephone care or other interventions for smoking cessation, contact one of the co-leaders of the SUD-QUERI TU/SC Work Group:

**Anne Marie Joseph, MD, MPH**

Tel: (612) 725.2158

E-mail: Anne.M.Joseph@va.gov

or

**Scott Sherman, MD**

Tel: (212) 686.7500 Ext. 7386

E-mail: Scott.Sherman@va.gov

For information about the SUD-QUERI, in general, contact:

**Hildi Hagedorn, PhD**

SUD-QUERI Implementation Research Coordinator

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